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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	HADDICELLOG DI
Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery	APR 0 2 2002
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	C. Signature	MARY E. D'AMPUTICA,
Attach this card to the back of the mailpiece, or on the front if space permits.	Agent Addressee  Addressee  P to deliver address Affordat from Item 12  Yes	per
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No	V
Mr. Thomas Tirbitaty	1	3
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£R.#1, Works F	3. Sprvice Type	APR 0 2 2002
Yours (ity) PA 18421	Certified Mail	
, 0,	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes	PER
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Received by (Please Print Clearly) B. Date of Delivery	,
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